

Guideline #1

09/03/03

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Levels of Care and Custody

BACKGROUND

The Idaho Department of Juvenile Corrections (IDJC) has identified the “What Works” literature as the foundation of its residential treatment programs. This body of work, and the supporting research, identifies those factors which are important contributors to delinquent behavior and which therefore may also be the most effective targets for change. Research on juvenile sexual offenders has suggested that many of these same principles of risk and of targeted change apply. The levels of care and custody described in this document also apply to juvenile sexual offenders, although some treatment targets for that population will differ from work with other delinquents.

“What Works” emphasizes the importance of a classification system that includes an assessment of each juvenile’s risks, needs, and responsivity factors. The IDJC has developed a custody level assessment tool—Initial Custody Level Assessment—now being used in observation and assessment (O&A) throughout the department. A custody level reassessment tool—Progress Assessment/Reclassification—scored at four months into placement and every second month thereafter and also used to justify every juvenile’s release, transfer, or change in custody level is also used throughout the system. These tools suggest levels of custody and care based upon information from both static and dynamic risk/need factors. Treatment teams (facility and community) make final recommendations for custody levels that must be approved and documented in IJOS by the IDJC’s clinical supervisors.

The IDJC uses the Initial Custody Level Assessment (ICLA) and Progress Assessment/Reclassification (PA/R) to guide placement from O&A to an appropriate level of custody and care, and to guide decisions about movement of juveniles to higher and lower levels of care based upon their documented progress in their assigned treatment programs. Treatment teams use the documented information to calculate a reassessed level of risk and move juveniles accordingly through the levels of custody back to the community. Assigned custody levels must be consistent with the risk assessment or reassessment, or clinical supervisors must provide and document a clear basis for override. An alternate version of these classification tools has been developed to account for the risks and needs of juvenile sexual offenders but the overall process of classification and reclassification is not altered.

The levels of care and custody defined in this document are closely related to the classification system and may help avoid the “compartmentalizing” of juveniles strictly by diagnosis. The IDJC’s concern has been that such compartmentalizing has contributed to the need for multiple placements and increased lengths of stay for individual juveniles. The purposes of all five Levels of Care and Custody are to:

- Teach and reinforce safe behavioral controls;
- Address specific risks and needs identified in the assessment provided by the IDJC;
- Provide these services at the lowest appropriate level of care possible; and
- Thoroughly consider and specifically plan for the safety of victims and potential victims in moving juveniles through these levels back to the community.

While the descriptions which follow identify the levels as distinct, it is recognized that juveniles and programs function within a range of needs and levels. All of the programs operated by or contracted with the IDJC must be prepared to manage acting-out behavior, regardless of the custody level of the program. Juveniles classified outside of the custody level limits of a program should not be accepted for care without specific, written plans, developed in advance, for dealing with changes in the circumstances related to the OVERRIDE to a higher or lower custody level.

The purpose of this document is to **DESCRIBE** the conditions of custody, care and treatment at different levels based upon assessed juvenile risk and need. **Nothing in this document should be construed or interpreted to establish required standards of practice for the IDJC or its contractors. Those standards are established in administrative rule, department policy and in the contracts between the IDJC and each provider.** Court orders may set forth other conditions specific to individual juveniles in the IDJC's custody.

LEVELS OF CARE AND CUSTODY

The following information applies to all five Levels of Care and Custody and should be considered minimum procedures and practices across all levels. Those items that distinguish one level from another will be specifically described by level.

Operational Description at all Levels of Care and Custody Facilities

- Private facilities must have the appropriate child care license in order to serve juveniles under age 18.
- County facilities must meet the IDHW licensing terms or other terms specified in a Request for Proposal (RFP) resulting in an Interagency Agreement with the IDJC to provide services and those terms specified in the Interagency Agreement itself.
- Facilities serving juveniles 18 and older must meet child care licensing standards or other terms as specified in the RFP resulting in the contract or as specified in the contract itself.
- Juveniles approaching age 18 while in the IDJC custody and care may only transfer to licensed child care facilities if: (1) there is a well developed, written plan of care describing the course of treatment or skills to be gained as the juvenile reaches and exceeds age 18; (2) if that plan specifically addresses measures of safety related to any younger juveniles in the facility and (3) if the

transfer for this purpose takes place several months before the juvenile reaches age 18.

Assignment Criteria at all Levels of Care and Custody Facilities

- Referral and assignment to any level must be documented using the IDJC custody classification documents, written incident reports, and progress reports.
- Transfer is made based upon a custody level reclassification (PA/R) and a resulting adjustment to the juvenile's individual treatment plan.
- In addition to a PA/R, prior to transfer to a higher level of care, an updated "JSC Summary" is necessary if the original O&A report is more than six months old.
- Juveniles may be assigned to special management units as a consequence for documented behavioral violations. Facilities should not be used exclusively as disciplinary or behavioral units. Placement and release from a special management unit must be tied to the accomplishment of specific behavioral objectives.

Case Management at all Levels of Care and Custody Facilities

- The IDJC's case management policy and administrative rules regarding case management apply in all cases regardless of level.
- The IDJC's case manager will guide all case management decisions but all decisions about release, transfer and changes in custody level also require the documented approval (in IJOS) by the clinical supervisor.
- Families should be engaged as much as possible in case management decisions along with community treatment team members, particularly the JPO.
- The IDJC has the final authority on all placement decisions for juveniles in its legal custody.

Service Plans and Service Implementation Plans at all Levels of Care and Custody Facilities

- Initial Service Plans are developed as a part of the O&A report to reflect the priorities identified in the assessment. Placement facilities are required to build a "Service Implementation Plan" within 30 days of admission that tracks and elaborates upon "Service Plan" included in the IDJC regional O&A report.
- Treatment progress must be documented in MONTHLY written progress notes by the provider and in formal written progress reports every second month. Scoring of the PA/R should coincide with and support the content of the "Progress Report."
- Service plans and service implementation plans are highly individualized; addressing individual risk, need and responsivity factors and should include, but not be limited to, elements matching those areas of highest risk identified in the YLS/CMI.
- Reintegration plans are identified in the initial "Service Plan" and "Service Implementation Plan" but should change as necessary throughout treatment.
- Implementation of reintegration plans, particularly as these relate to the transfer of juveniles to programs and services at a lower level of care MUST encourage direct contact between service providers to make the transition from one program

or service to another as effective as possible for the juveniles, families and service providers involved.

Program Services and Delivery at all Levels of Care and Custody

- As juveniles progress through programs they may be offered additional services specifically designed toward release or to facilitate transfer to a lower level of care. Families should be involved as appropriate throughout treatment at all levels.
- Where levels of care and custody allow for community activities they must be planned and authorized by the treatment team, case manager, facility administrator, and JPO.
- Appropriate educational services must not be denied as a disciplinary measure. These activities may be restricted or offered in a more structured way for documented threats to the safety and security of the facility, staff, other residents, and/or the community.
- Licensed and/or certified professional staff must provide specialized services such as substance abuse treatment, sex offender treatment, and other specialized service areas as required by the state of Idaho.
- Program components and services provided must: (1) relate directly to the juvenile's identified risks and needs; (2) be documented as to delivery and as to the juvenile's assessed gains in the area; (3) be tied to an established curriculum or model of intervention that has been shown to reduce the risks associated with the target area; and, (4) must be delivered by staff appropriately trained and credentialed in the area.
- Gender-specific, offense-specific or problem-specific treatment must be research-based and demonstrated to be integrated into all other aspects of program.
- Specific program elements identified in an RFP resulting in a contract or agreement to provide services, or in an agreement itself, must be provided.

Health and Mental Health Services at all Levels of Care and Custody Facilities

- Routine and emergency medical care must be available.
- Psychiatric care and consultation must be available as necessary to monitor psychotropic medications and to support staff in managing juveniles with a serious emotional disturbance diagnosis.
- Psychotropic medication monitoring must be available on at least a monthly basis.
- Juveniles may present mental health issues that require individual professional attention outside of the normal operating limits of the facility. Professionals with the required licenses, experience, and education must provide these services.
- Juveniles exhibiting serious suicide risk may be considered for assignment to another level facility, as a temporary plan for managing the high suicide risk.
- If on-site nursing staff is not routinely available, or if medications may be dispensed by non-medical personnel, training of staff concerning the safe control, storage and dispensing of medications must be documented.
- The IDJC regional R.N. is to be notified and copies of relevant documents are to be provided for all health and mental health care provided, consistent with the administrative rules.

Release at all Levels of Care and Custody

- Release prior to reaching age 19 must be justified by progress documented in the department's custody reclassification document and written progress reports. Once a juvenile reaches age 19, the Custody Review Board will recommend to the Director either continued custody or release based upon input from the IDJC case managers, JPOs and others.

LEVEL 5 – MAXIMUM RISK:

Purpose of a Level 5 Facility

- Teach and reinforce safe behavioral controls.
- Level 5 facilities are reserved for long-term juveniles who have demonstrated a documented pattern of violence or other serious incidents of non-compliance within a level 4 facility.
- **Administrative due process is afforded juveniles at the time of transfer to a Level 5 facility because of the very limited services resulting from this assignment.**

Operational Description (Specific terms will be established in each contract.)

- Locked secure setting.
- Intensive staff supervision 24 hours per day.
- Staffing ratios should be a minimum of 1:6 during waking hours not exceeding 1:12 during sleeping hours.
- Jails and detention facilities must provide staff ratios consistent with state and federal rules and regulations.
- Close monitoring of juveniles isolated in their rooms is necessary in order to minimize the risk of self-harming behavior.
- On-site nursing services must be available at least 12 to 16 hours per week. This number of hours may be reduced by 50% for facilities with 12 beds or less.
- Routine health and mental health (medication monitoring) services must be provided on site under the highest levels of supervision.

Assignment Criteria

- Juveniles identified as not being able to benefit from treatment based on the following criteria:
 - Age;
 - Criminal history;
 - Length of stay;
 - Documented history of serious incidents of violence, escape or repeated non-compliance that threatens the safety and security of a lower level facility; and
 - Juveniles experiencing serious mental health needs may require a level of services beyond those typically available at a level 5 facility.

Case Management and Treatment Plans

- Education, health, and mental health services as required by state and federal rule and regulation.
- Limited additional services that allow the juvenile to earn transfer to a lower level of care.
- Maximum supervision and control.

Program Services and Delivery

- Minimal levels of counseling will be provided.
- Group work will focus on managing behaviors and group living tasks.
- ***No routine activities in the community are authorized.***
- ***Education and/or vocations must be offered on site under the highest levels of supervision.***

LEVEL 4 – HIGH RISK:

Purpose of a Level 4 Facility

- Teach and reinforce safe behavioral controls and begin to address the specific risks and needs identified in the O&A and included in treatment plan.
- Provide academic services including remedial and special education services.
- Provide older juveniles with the opportunity to develop basic job skills and job market entry preparation.
- Provide high levels of mental health care that may require attention from licensed professionals.
- Provide residential substance abuse treatment.
- May provide offense-specific services for juveniles with sexually abusive behavior, assessed to present moderate to high risk for reoffending, and who have not substantially completed work on these issues. The program must provide supervision designed to protect the community.

Operational Description (Specific terms will be established in each contract.)

- Locked secure setting or high level of staff supervision in addition to a therapeutic culture.
- High levels of staff supervision 24 hours per day.
- Services offered are comprehensive and not limited to confinement and behavior management.
- Must provide some degree of closely supervised community contact.
- **Staffing ratios must be at a minimum of 1:8 during waking hours and must not exceed 1:16 during sleeping hours.**
- **Case managers and/or counselors must be provided at a ratio of 1:12 to 1:16.**
- On-site nursing services must be available at least 12 to 16 hours per week. This number of hours may be reduced by 50% for facilities with 12 beds or less.
- Routine health and mental health services must be provided on site.
- Juvenile sexual offenders served at this level should be housed in individual rooms.

Assignment Criteria

- Documented pattern of violence or juveniles who have been adjudicated for numerous or serious crimes in the community.
- Documented history of serious incidents of violence, escape or repeated non-compliance that threatens the safety and security of a lower-level facility.

Case Management

- Refer to case management at all levels of care and custody.

Program Services and Delivery

- Individual counseling provided as identified in the O&A included in the treatment plan.
- Group work addresses cognitive behavioral tasks, managing behavior, and practicing group living tasks.
- Education, special education and vocations must be offered on site and only under high levels of staff supervision.
- Juveniles who progress sufficiently to be considered for release or transfer may be considered for home passes and for community activities.
- Staff must provide direct supervision for individual and group activities in the community at all times.
- Staff must closely monitor home passes, though this may be by telephone and third party contact.

LEVEL 3 – MODERATE RISK:

Purpose of a Level 3 Facility

- Teach and reinforce safe behavioral controls and begin to address the specific risks and needs identified in the O&A and included in treatment plan.
- Provide academic services including remedial and special education services.
- Provide older juveniles with the opportunity to develop basic job skills and job market entry preparation.
- Provide high levels of mental health care that may require attention from licensed professionals.
- Provide residential substance abuse treatment.
- May provide offense-specific services for juveniles with sexually abusive behavior, assessed to present moderate to low risk for reoffending, and who have not substantially completed work on these issues. The program must provide supervision designed to protect the community.

Operational Description (Specific terms will be established in each contract.)

- Unlocked staff secured setting with high levels of staff supervision often supported by a therapeutic culture.
- Staff supervision is provided at a high level during waking hours.
- Staff ratios in the evening may be reduced to the lower limits of licensing standards as long as provisions are made for quick response from off-duty staff.

- Staffing ratios must meet licensing requirements of 1:8 during waking hours and must not exceed 1:20 during sleeping hours.
- Case managers and/or counselors must be provided at the licensing standard of 1:20.
- If on-site nursing services are not provided routinely, access to nursing services must be readily available to assist staff with related training and to support staff in decision making about access to the appropriate level of medical care.
- Routine health and mental health services must be provided on site or in the community.
- Juvenile sexual offenders served at this level should be housed in individual rooms.

Assignment Criteria

- Juveniles with a documented pattern of noncompliance with community sanctions and who have been adjudicated for numerous crimes in the community.
- Juveniles with a documented history of repeated noncompliance that threatens the safety and security of a lower-level facility may also be considered.

Case Management

- Because level three facilities are located in the community, work with the family or other identified reintegration resource should remain an important priority throughout the placement.

Program Services and Delivery

- Individual counseling provided as identified in the O&A included in the treatment plan.
- Group work addresses cognitive behavioral tasks, managing behavior, and practicing group living tasks.
- Educational and vocational services may be offered on site or in the community. Staff supervision must be addressed for each juvenile receiving services in the community. On-site education and special education services, provided by licensed or certified staff, must be available for juveniles not capable of receiving services in the community or where education in a community school is not otherwise available.
- Juveniles who have progressed beyond the initial stages of a program may be considered for home passes and for community activities as long as these activities do not violate terms of a court order.
- Staff must provide direct supervision for group activities in the community at all times.
- Staff must closely monitor home passes and individual community activities.

LEVEL 2 – LOW RISK AND COMMUNITY TRANSITION OR INDEPENDENT LIVING:

Purpose of a Level 2 Facility

- Teach and reinforce safe behavioral controls and begin to address the specific risks and needs identified in the O&A and included in treatment plan.
- Reinforce, build upon, and practice existing skills that the juvenile has to exhibit safe behavioral controls.
- Provide academic services including remedial and special education services.
- Provide older juveniles with the opportunity to develop basic job skills and job market entry preparation.
- Address the specific risks and needs identified to finalize a successful return to the community.
- Provide opportunities to practice skills in a community setting and away from the facility though the juvenile may still be residing in the facility.
- Facilitate and monitor successful reintegration into the community.
- May provide high levels of mental health care that may require attention from licensed professionals.
- Provide substance abuse services.
- May provide offense-specific services for juveniles with sexually abusive behavior, assessed to present low risk for re-offending, and who have substantially completed work on these issues. The program must provide supervision designed to protect the community.

Operational Description (Specific terms will be established in each contract.)

- Unlocked setting with levels of staff supervision sufficient to meet the terms of the contract with the IDJC and relevant child care licensing standards.
- Staff supervision must assure that juveniles involved in community services or activities are attending and participating as intended in those activities.
- Staff ratios in the evening may be reduced to the lower limits of licensing standards as long as provisions are made for quick response from off-duty staff.
- Case managers and/or counselors must be provided at the licensing standard of 1:20.
- Routine health and mental health services must be provided on site or in the community.
- As a part of a larger continuum, services may include an intensive, highly structured DAY TREATMENT component. Plans for day treatment, if adopted at this level, must provide for rapid movement to a higher level of custody in response to specifically identified and documented risk/behavior. Education on site must be included as a part of the day treatment model at this level.

Assignment Criteria

- Initial assignment for juveniles who have not been adjudicated for numerous crimes in the community but may have a documented pattern of noncompliance with community sanctions.

- Transfer from a higher-level facility following a documented custody level reassessment that supports the need for a lower-level facility.
- Low risk for violence or escape.
- Juveniles with a documented history of compliance and progress in a higher-level facility may also be considered for short-term work to finalize reintegration plans or to develop independent living skills.
- Failure by the juvenile to maintain his or her status in educational, vocational or treatment services in the community may result in consideration for reassignment back to a higher level of care and custody.

Case Management

- Reintegration resources should remain an important priority throughout the placement. Reintegration resources should include the family when possible.
- The treatment plan or reintegration plan must be developed with and authorized by the IDJC's case manager and must also reflect the concerns of the JPO.

Program Services and Delivery

- Community activities must include supervision.
- Activities in the community must be closely tied to the goals and objectives of the treatment plan or reintegration plan.
- Educational and vocational services may be offered in the community. Staff supervision must be addressed for each juvenile receiving services in the community.
- Individual counseling may be provided by a community resource.
- Group work done may address a variety of cognitive behavioral tasks as well as on managing behaviors and practicing group living tasks.
- Juveniles should continually be refocused on those tasks that need to be accomplished to finalize their full return to the community and release from the IDJC custody.
- Juveniles should be involved in home passes and regular participation in community education, vocations, and treatment services.
- Home passes must provide for close monitoring of the pass by staff, though this may not be by direct contact.
- Substance abuse services may be offered in the community, provided by a professional level counselor or by a support group, such as AA/NA, based on the level of need indicated.
- Outpatient services for juvenile sexual offenders may be offered in the community, provided by an appropriately licensed professional level counselor.

LEVEL 1 – MINIMUM RISK – NONRESIDENTIAL SERVICES:

Purpose of a Level 1 Program

- Provide nonresidential services that target a specific area of need. Programs and/or services are not intended to address a wide variety of needs in a thorough way.
- Teach and reinforce safe behavioral controls and begin to address the specific risks and needs identified in the O&A and included in treatment plan.
- Reinforce, build upon, and practice existing skills that the juvenile has to exhibit safe behavioral controls.
- Address the specific risks and needs identified to finalize a successful return to the community.
- Provide support for independent living and/or transition services in a setting that is not operated by the state or in a private residential contractor.
- Provide or arrange for support and reinforcement of families or other guardians as an important, integral part of release.
- Arrange for academic services, including remedial and special education services.
- Provide older juveniles with the opportunity to develop basic job skills and job market entry preparation.
- Provide or arrange for high levels of mental health care that may require attention from licensed professionals.
- Provide or arrange for substance abuse services.
- May provide or arrange for services for juveniles with sexually abusive behavior, assessed to present low risk for reoffending, and who have substantially completed work on these issues. The program must also provide services designed to address the particular needs of juvenile sexual offenders and the community.
- As a part of a larger continuum, services may include a highly structured DAY TREATMENT component. Plans for day treatment, if adopted at this level, must provide for movement to a higher level of custody in response to specifically identified and documented risk/behavior. Education off site may be appropriate for some juveniles in day treatment at this level as long as close monitoring is provided.

Operational Description (Specific terms will be established in each contract.)

- Juveniles assigned to level one reside with family or other approved guardians.
- Staff supervision must assure that juveniles are attending and participating in activities and services prescribed in the treatment plan.
- Routine health and mental health services must be provided. These services should be arranged through a community provider.

Assignment Criteria

- Juveniles may be assigned from a higher-level facility following a documented custody level reassessment that supports the need for a lower-level facility.
- Juveniles who have not been adjudicated for numerous crimes in the community but may have a documented pattern of noncompliance with community sanctions.

- Low risk for violence or escape.
- Juveniles with a documented history of compliance and progress in a higher-level facility may also be considered for short-term work to finalize reintegration plans or to develop independent living skills.
- Failure by the juvenile to maintain his or her status in educational, vocational or treatment services in the community may result in consideration for reassignment back to a higher level of care and custody.

Case Management

- The treatment plan or reintegration plan must be developed with, and authorized by, the IDJC's case manager and must also reflect the concerns of the JPO.
- Work with the family or other identified reintegration resources should remain an important priority throughout the placement.

Program Services and Delivery

- Activities in the community must be closely tied to the goals and objectives of the treatment plan or reintegration plan.
- Educational and vocational services are offered in the community. Staff supervision must be addressed for each juvenile receiving services in the community.
- Individual counseling may be provided by a community resource.
- Group work done may address a variety of cognitive behavioral tasks as well as on managing behaviors and practicing group living tasks.
- Juveniles should continually be refocused on those tasks that need to be accomplished to finalize their full return to the community and release from the IDJC custody.
- Juveniles should be participating in regular community education, vocations, and treatment services.
- Home passes may be included in the treatment plan if the juvenile is not residing with a family.
- Substance abuse services may be offered in the community, provided by a professional level counselor or by a support group, such as AA/NA, based on the level of need indicated.
- Outpatient services for juvenile sexual offenders may be offered in the community, provided by an appropriately licensed professional level counselor.